

JUL 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
Chandler
23096
File No. *23*
Registered No.
St. Ward)

1. PLACE OF DEATH
County *Bany* Registration District No. *7 31*
Township *Butterfield* Primary Registration District No. *6240*
City (No. St. Ward)
2. FULL NAME *David Richard Lewis*
(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Anna Lewis*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 13, 1854*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired hammer maker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *2 2 Trinitrotoluenes*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn.*

FATHER
13. NAME *Edwin Lewis*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa.*

MOTHER
15. MAIDEN NAME *Sarah*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa.*

17. INFORMANT *Cecil Lewis, Jr.*
(ADDRESS) *Cassette, Mo. R.R. 1*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Church* DATE *May 15, 1937*

19. UNDERTAKER *Blankenship*
(ADDRESS) *Franklin, Mo.*

20. FILED *6/29 1937* *Donald Blankenship* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 13, 1937*
22. I HEREBY CERTIFY, That I attended deceased from *July* 19*31*, to *date of death*, 19*37*
I last saw him alive on *May 11, 1937* Death is said to have occurred on the date stated above, at *7:40 p.m.*
The principal cause of death and related causes of importance were as follows:

Uremia
Dilatation of heart
old age
Other contributory causes of importance: *old age*
Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury *1*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify
(Signed) *D. W. Chandler*, M. D.
(Address) *Cassette, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barry Registration District No. 31
Township Butterfield Primary Registration District No. 6340
City (No. _____) St. _____ Ward _____

File No. 23096
Registered No. _____

2. FULL NAME

David Richard Lewis

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 9 0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 6/29 1937 Donald Blaukenski Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Woman
Peritonitis
133 B

Date of onset

Other contributory causes of importance:

Primary Cause Card
549 years actual

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) S. A. Chandler _____, M. D.

(Address) Casselle mo

SUPPLEMENTARY

Sheet-5